

OFFICIAL GRIEVANCE FORM

Pursuant to Rab 205

Revised 10/12/07

1. Appraiser(s) involved in alleged miscond	uct:	
	<u>Appraiser</u>	Supervisory or Co-signing Appraiser
Name(s):		
License or Certificate No.:		
Firm:		
Telephone No.:		
2. Appraisal report that is the subject your g	grievance:	
Property Address: _		
City, State, Zip: _		
Client: _		
3. Explain and support the specific grounds without providing support for your allegation. At		
4. Is this appraisal report currently being used in future? Yes No If y		
Mailing Address: City, State, Zip: Preferred Tel. No.:	not be accepted):	
C: makeur	D .	
Signature:	Date:	·

Tel. (603) 271-6186